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## \*BIBDATASHEET\*

CONFIRMATION NO. 1539

Bib Data Sheet

SERIAL NUMBER 09/439,343	FILING DATE 11/15/1999  RULE	CLASS 705	GROUP ART UNIT 2175	ATTORNEY DOCKET NO. RAMIX-002US
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## APPLICANTS

ANDREW L. DIRIENZO, ELIZAVILLE, NY;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 08/854,474 05/12/1997 PAT 6,006,191  
 which claims benefit of 60/017,316 05/13/1996

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 12/20/1999

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	Examiner's Signature _____ Initials _____	NY	7	8	2

## ADDRESS

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 ALEXANDRIA , VA  
 22314-2886

## TITLE

REMOTE ACCESS MEDICAL IMAGE EXCHANGE SYSTEM AND METHODS OF OPERATION THEREFOR

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
RECEIVED 2041		



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Bib Data Sheet

CONFIRMATION NO. 1539

SERIAL NUMBER 09/439,343	FILING DATE 11/15/1999 RULE	CLASS XXX	GROUP ART UNIT 2899	ATTORNEY DOCKET NO. RAMIX-002US
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**APPLICANTS**

ANDREW L. DIRIENZO, ELIZAVILLE, NY;

**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A CON OF 08/854,474 05/12/1997 PAT 6,006,191  
WHICH CLAIMS BENEFIT OF 60/017,316 05/13/1996

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***  
**\*\* 12/20/1999**

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	NY	7	8	2

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**TITLE**

REMOTE ACCESS MEDICAL IMAGE EXCHANGE SYSTEM AND METHODS OF OPERATION THEREFOR

FILING FEE RECEIVED 1798	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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